

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 8
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ADVANCED RESPONSE SYSTEMS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2015</div> </div>		
Mailing Address 13175 GEORGE WEBER DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">31528.78</div>		
City ROGERS	State MN	Zip Code 55374-8900	Transaction ID : SE24.1307 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2015</div> </div>		
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3506296.18</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2015</div> </div>		
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22900.43</div>		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1308 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2015</div> </div>		
Purpose of Expenditure AGENCY FEES - CONSULTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3529196.61</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">54429.21</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 09 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.1307

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$618.21 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1308

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$449.03 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CHOCKLETT PRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 2922 NICHOLAS AVE		Amount 6494.56	
City ROANOKE	State VA	Zip Code 24012	Transaction ID : SE24.1309
Purpose of Expenditure PRINTING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 3535691.17		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee COLORTREE GROUP, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 8000 VILLA PARK DRIVE		Amount 4940.84	
City RICHMOND	State VA	Zip Code 23228-6500	Transaction ID : SE24.1310
Purpose of Expenditure PRINTING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 3540632.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11435.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 09 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.1309

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$127.34 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1310

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$96.88 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MDI IMAGING & MAIL			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 21955 CASCADES PARKWAY			Amount 39.94	
City DULLES	State VA	Zip Code 20166-9211	Transaction ID : SE24.1311	
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3540671.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee RST MARKETING			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 1272 CORPORATE PARK ROAD			Amount 75300.00	
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.1306	
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3615971.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75339.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 09 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE24.1311

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$0.78 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1306

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1,476.47 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y </table>	

Full Name of Payee THE ALABAMA BOOKSMITH			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">26</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2015</table>	
Mailing Address 2626 19TH PLACE			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">26259.71</table>	
City HOMEWOOD	State AL	Zip Code 35209	Transaction ID : SE24.1312	
Purpose of Expenditure PRINTING		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">26</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2015</table>	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3642231.66</table>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee ZIP MAILING SERVICES, INC.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">26</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2015</table>	
Mailing Address 6304 SHERIFF RD STE Z			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">260.17</table>	
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.1313	
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">26</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2015</table>	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3642491.83</table>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">26519.88</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>
(c) TOTAL Independent Expenditures..... ►	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

 /

 /

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.1312

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$514.90 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1313

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$5.10 has been allocated equally to each of the remaining schedule primary elections.